Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
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AT6 Attestation date	8	133	140	Active on RECTYPE: A,AM,AO,Y,YM,YO,Q,QM,QO,O,OM,OO,D,R,X Inactive on RECTYPE: *Blank on RECTYPE: Picture : YYYYMMDD Type: DATE *Range if Active : valid date, SP(8) Format Info : Consistency if Active : *1. Must be blank if AT2 is blank. *2. Must not be blank if (AT2 = 1) or (AT2 = 2). *3. If present, this date must also be earlier than or the same as the current date. 4. Additional sequential date relationships involving this date are given in the consistency requirements for the following other dates: P_REC_DT, AA3, AB1, A3a, A4a, R2b, R4, VB2, and VB4.
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AT_SRC Attestation Correction request source	1	141	141	Active on RECTYPE: Inactive on RECTYPE: A,AM,AO,Y,YM,YO,Q,QM,QO,O,OM,OO,D,R,X *Blank on RECTYPE: Picture : X Type: FILLER *Range if Active : Always inactive Format Info : Not currently used. Inactive. Consistency if Active :
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SUB_REQ
 	
Requirement for submitting this MDS record
	1	142	142	Active on RECTYPE: A,AM,AO,Y,YM,YO,Q,QM,QO,O,OM,OO,D,R,X
				Inactive on RECTYPE:
				
				*Blank on RECTYPE:
				
				    Picture : X Type: CODE
				*Range if Active : 1,2,3
				Format Info : Use the following codes:
				   1 (0ne) -- If the MDS event (assessment reference date, discharge date, or reentry date) occurs for the resident while on a unit that IS NOT Medicare/Medicare Certified and the State DOES NOT require MDS submission for this unit.
				   2 (Two) -- If the MDS event (assessment reference date, discharge date, or reentry date) occurs for the resident while on a unit that IS NOT Medicare/Medicare Certified and the State DOES require MDS

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)

submission for this unit.

3 (Three) -- If the MDS event (assessment reference date, discharge date, or reentry date) occurs for the resident while on a unit that IS Medicare/Medicare Certified. MDS submission is always required for residents on a Medicare/Medicaid certified unit.

For coding of this item, the MDS event date is as follows:
   a. The assessment reference date (A3a) for an assessment record (AA8a = 01,02,03,04,05,10, or 00),
   b. The discharge date (R4) for a discharge tracking form record (AA8a = 06,07, or 08).
   c. The reentry date (A4a) for a reentry tracking form record (AA8a = 09).

Consistency if Active : NOTE: IT IS A VIOLATION OF A RESIDENT'S PRIVACY RIGHTS TO SUBMIT MDS DATA TO THE STATE WHEN NOT REQUIRED.

1. If SUB_REQ = 1 (the State DOES NOT require that MDS records be submitted for a resident on this unit, which is not Medicare/Medicaid certified), submission of the record to the State IS PROHIBITED.

2. If SUB_REQ = 2 (the State DOES require that MDS records be submitted for a resident on this unit, which is not Medicare/Medicaid certified), submission of the record to the State IS REQUIRED.

3. If SUB_REQ = 3 (the resident is on a Medicare/Medicaid certified unit), submission of the record to the State IS REQUIRED.

CNT_FILLER — 11 143 153

CONTROL SECTION FILLER (Future Use)

Active on RECTYPE:
Inactive on RECTYPE: A,AM,AO,Y,YM,YO,Q,QM,QO,O,OM,OO,D,R,X

*Blank on RECTYPE:

Picture : X(11)   Type: FILLER
*Range if Active : Always inactive
Format Info : Not currently used. Inactive.
Consistency if Active :

REC_CNT_EN

END OF RECORD CONTROL SECTION

Active on RECTYPE:
Inactive on RECTYPE:

*Blank on RECTYPE:

Picture :   Type: GRP LABEL
*Range if Active :